

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jun 29, 2010**  
**Secretary of State**

DOCUMENT# N08000000696

**Entity Name:** CHRISTOPHER'S HOPE: SERVICES FOR SPECIAL NEEDS, INC.**Current Principal Place of Business:**2029 NORTH THIRD STREET  
JACKSONVILLE BEACH, FL 32250 US**New Principal Place of Business:****Current Mailing Address:**2029 NORTH THIRD STREET  
JACKSONVILLE BEACH, FL 32250 US**New Mailing Address:****FEI Number:** 26-1878780**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**ANDERSON, WARREN K JR  
2029 NORTH THIRD STREET  
JACKSONVILLE BEACH, FL 32250 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P, T  
Name: LIVINGSTON, TOBIANN  
Address: 14596 PABLO TERRACE  
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: VP  
Name: ANDERSON, WARREN K JR.  
Address: 2029 NORTH THIRD STREET  
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: S  
Name: SANDERS, LAUA C  
Address: 8351 BARQUERO COURT NORTH  
City-St-Zip: JACKSONVILLE, FL 32217

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TOBIANN LIVINGSTON

P

06/29/2010

Electronic Signature of Signing Officer or Director

Date